

# REQUEST FOR LSTA PROJECT BUDGET REVISIONS

## FFY 2006 PROGRAM FUNDS

### LIBRARY SERVICES AND TECHNOLOGY ACT – PL 108-81, AS AMENDED

*Complete and return 2 signed copies of this form to the S.C. State Library, ATTN: Guynell Williams, LSTA Coordinator, P.O. Box 11469, Columbia, S.C. 29211. A copy will be returned for your files.*

\_\_\_\_\_  
Sub-grantee (*organization*) name

\_\_\_\_\_  
Requester (*Print Name and Title*)

\_\_\_\_\_  
LSTA Sub-grant Award Number (*See Official Award Notice*)

\_\_\_\_\_  
Award Date

<b>BUDGET AS APPROVED :</b> _____ <div style="text-align: right; margin-top: -10px;">(date)</div>	<b>REQUEST FOR TRANSFER OF</b>	<b>ADJUSTED BUDGET AFTER TRANSFER(S)</b>
Personal Services     \$ _____	\$ _____ from Personal Services <div style="text-align: right; margin-top: -10px;">to _____</div>	Personal Services     \$ _____
Library Materials     \$ _____	\$ _____ from Library Materials <div style="text-align: right; margin-top: -10px;">to _____</div>	Library Materials     \$ _____
Equipment     \$ _____	\$ _____ from Equipment <div style="text-align: right; margin-top: -10px;">to _____</div>	Equipment     \$ _____
Other     \$ _____	\$ _____ from Other <div style="text-align: right; margin-top: -10px;">to _____</div>	Other     \$ _____
<b>GRAND TOTAL</b> \$ _____	\$ _____ from Other <div style="text-align: right; margin-top: -10px;">to _____</div>	<b>GRAND TOTAL</b> \$ _____

\_\_\_\_\_  
Signature (*Library Director or LSTA Project Administrator only*)

\_\_\_\_\_  
Current Date

***NOTE: Prior approval is required for changes that exceed 25% of an LSTA grant award.***

**FOR SCSL USE ONLY:**

Date of Approval by S.C. State Library: \_\_\_\_\_

Signature of Approval: \_\_\_\_\_

*(LSTA Coordinator or SCSL Director only)*